SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN No Park

7500



₹ -3 2015 

Permit #: Date: Refund: Amount Paid: 7.27

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

Bayfield Co. Zoning Dept

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT  TYPE OF PERMIT REQUESTED ★ X LAND USE SANITARY  Owner's Name:  Mailing A  CRY/Stat  Address of Property:  CRY/Stat	SANITARY   PRIVY   CONDITIONAL USE   SPECIAL USE	AL USE B.O.A. DOTHER Telephone:
ch Tree Trail	Contractor Phone: Plumber:	Plumber Phone:
on on behalf of Owner(s))	Agent Phone: Agent Mailing Address (include City/State/Zip): 7/5 - 391 - 5733	trate/Zip): Written Authorization Attached □ Yes □ No
PROJECT LOCATION Legal Description: (Use Tax Statement)	2-20	Recorded Document: (i.e. Property Ownership Volume (13) Page(s) 22
1/4,1/4 Gov't Lot Lot(s)	CSM Vol & Page Lot(s) No. Block(s) No.	Commanche Add to Pet.
Section $\mathscr{B}$ , Township $45$ N, Range $2$ W	W Townof:	Lot Size Acreage

Value at Time of Completion	Y Non-Shoreland	☐ Shoreland —▶	
Project # of Stories Use		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage  If yescontinue →	☐ Is Property/Land within 300 feet of River, Stream (Ind. Intermittent)  Creek or Landward side of Floodplain? If yes—continue —
# What Ty of Sewer/Sanita		Distance Structure is from Shoreline :	Distance Structure is from Shoreline : feet
ype of ary System		□ No	in one?
Water		□ No	Are Wetlands Present?

Proposed Construction:	Existing Structur					o s	5 5000	*		material	Value at Time of Completion * include donated time &
ruction:	Exicting Structure: (If permit being applied for is relevant to it)	100		Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction		Project
	or is relevant to it)			<ul><li>Foundation</li></ul>	□ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	1-Story		# of Stories and/or basement
Length: 16	Length:					11111		Year Round	Seasonal		Use
					None		3	□ 2	-		# of bedrooms
Width: 28 Height:	Width: Height:		None	☐ Compost Toilet	Portable (w/service contract)	Privy (Pit) or   Vaulted (min 200 gailon)	Sanitary (Exists) Specify Type:	(New) Sanitary   Specify Type:	Municipal/City		What Type of Sewer/Sanitary System is on the property?
1	1E:					O galion)		New Men	- Well		Water

Proposed Use		Proposed Structure	Dimensions	Square
		Principal Structure (first structure on property)	X )	
		Residence (i.e. cabin, hunting shack, etc.)	×	
		with Loft	X )	
Residential Use		with a Porch	×	
		with (2 <sup>nd</sup> ) Porch	×	
		with a Deck	×	
		with (2 <sup>nd</sup> ) Deck	×	
☐ Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	×	
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)	×	
Municipal Use		Accessory Building (specify)	×	
Rec'd for Issuance	<b>A</b>	Accessory Building Addition/Alteration (specify) Carage Addition	16 x xx)	
		44		
78 13 205		Special Use: (explain)	× ×	
		Conditional Use: (explain)	× ×	
Company of the second of the s		Other: (explain)	( A	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): Date

	Address to send permit 5466 South Low Lake RJ Barnes, W.	(lf y	Authorized Agent: Thurself, William Vanc	(If there are Multiple Compars listed on the Deer All Cymers must sign or letter(s) of authorization must accompany this application)
	1630	u are signing	mul	irs listed on th
	なるの	on behalf of the	H. Mor	e Deed All Swi
	law	e owner(s) a l	Mar	ners myst sigi
	take	etter of au	NEX	n or letter
	0	ıthorizat	and	(s) of aut
	Barnes,	ion must accon	,	horization mus
₩ vou recentiv pur	Q,	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)		st accompany this applicati
ng.				ion)

Date S 3

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line 3 Condition(s): Town, Committee or Board Conditions Attached? Granted by Variance (B.O.A.) 口**Yes そNo** Issuance Information (County Use Only) Setback from the **Centerline of Platted Road**Setback from the **Established Right-of-Way** Date of Inspection: Inspection Record: Permit #: Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the source's expense. Setback to **Drain Field**Setback to **Privy** (Portable, Composting) Setback to Septic Tank or Holding Tank Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Permit Denied (Date) Proposed Was Parcel Legally Created Was Proposed Building Site Delineated Please complete (1) - (7) above (prior to continuing) 720 (8) Setbacks: (measured to the closest point) (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). まなり Show any (\*): Show any (\*): Show: Show: Show Location of (\*): Show Location of: Show / Indicate: Sala NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits. 5/12/15 <u>Draw or Sketch your Property</u> (regardless of what you are applying for) of a structure within ten (10) feet of the arked by a licensed surveyor at the owns Fresh presion Case #: □ Yes □ Yes SHAWL (Deed of Record) [Fused/Contiguous Lot(s)] ∰ Yes Proposed Construction

North (N) on Plot Plan

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20% □ No Sanitary Number: Reason for Denial: Permit Date: Inspected by: 100 125 品高 Measurement (3) □ Yes **№** -(If No they need to be attached.) N S S The survey Feet Feet Feet Feet Feet Feet Feet ジング Previously Granted by Variance (B.O.A.)

1 Yes 7 No Mitigation Required Mitigation Attached Were Property Lines Represented by Owner
Was Property Surveyed ndary line from which the setback must be measured must be visible from Setback from the River, Stream, Setback from the Bank or Bluff Setback to Well Elevation of Floodplain 20% Slope Area on property Setback from Wetland Setback from the **Lake** (ordinary high-water mark)
Setback from the **River**, **Stream**, **Creek** Je District Changes in plans must be approved by the Planning & Zoning Dept. # of bedrooms: Description Yes Creek Case #: Affidavit Required Affidavit Attached □ Yes Date of Re-Inspection: Lakes Classification Zoning District Sanitary Date: previously so ŽŽ 100 1 Measurement □ Yes <u>20</u> N N N N rner to the ⊠No No No Feet Feet Feet Feet

tetel-re

Hold For Sanitary:

Hold for TBA:

Hold For Affidavit:

Hold For Fees:

Date of Approval: S

W

Author when

ST P

Signature of Inspector:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planhing and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD-COUNTY WISCONSIN JUN 19 2015 

	- Septe	Constitution of the last of th
Amount Paid:	Date:	Permit #:
7-87-15	7-27-18	15/02/0

 $\Box$ INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

y snoreland // O/is P			Section 7	1/4,		PROJECT		Serve de como o objection	Authorized Agent: (Person Sign	Kevin Murphy	Contractor:	1805 Buck-1-17055 Rd	Address of Property:	Kevin Juv	Owner's Name:	TYPE OF PERMIT REQUESTED->   🗆 LAND USE	O NOT START CONSTRUCTION L
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain?  If yes—continue —▶		Township 4/4/ N. Range 6	_ 1/4   Gov't Lot   Lot(s)	Legal Description: (Use Tax Statement)		a a a a a a a a a a a a a a a a a a a	migraphone on property of the property (a)	n on hehalf of Owner(s))	,		-Buss Rd.	•	Kevin Murp Hy	このアクロンハー	TED—▶   🗆 LANDUSE 🗀 SAN	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
e, Pond or Flowage  If yescontinue —	r, Stream (Incl. Intermittent)  If yes—continue —		W Town of:	CSM Vol & Page	B4-2-44-09-01-400-18-5000	<b>PIN:</b> (23 digits)			-	218 4910042	Contractor Phone: F	Barnes w	City/State/Zip:	1805BUCK-N-	Mailing Address:	☐ SANITARY ☐ PRIVY ☐	APPLICANT.
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	Marnes		Lot(s) No. Block(s) No.	400118-50000			Denn month of the transfer of	Spent Mailing Address (include City/s		Plumber:	Barnes ut 54873		1805BUCK-W-BUSSRI Barnes US 5-1873	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	
ř	7		Lot Size	Subdivision:	Volume 110	Recorded Document: (i.e. Property Ownership)		שימיר/ בושו.	State/Zinl:					£ 54873		JAL USE 🗆 B.O.A.	
□ Yes ☑ No	ls Property in Floodplain Zone?	57	Acreage		Page(s) 425	e <b>nt:</b> (i.e. Propert	☐ Yes ☐ No	Attached	Mirittan Aut		Plumber Phone:	218 49	Cell Phone:	715 785 2898	Telephone:	J.A. □ OTHER	
□ Yes	Are Wetlands Present?				426	ty Ownership)	No	(IIO) COLLOIT	horization		one:	218 491 0042		5 2898		HER	

Proposed Construction	Existing Structur	Carl in the	Ruiling	21010001		100 00	Λ-		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)		Property	)Tu/ Cu ケム □ Run a Business on	Relocate (existing bldg)	□ Conversion	Addition/Alteration	□ New Construction	Project
	ris relevant to it)		☐ Foundation	☐ No Basement	□ Basement	2-Story	1-Story + Loft	☐ 1-Story	# of Stories and/or basement
Length:	Length:						✓ Year Round	☐ Seasonal	Üse
			,	None		□ 3	□ 2	_ 1	# of bedrooms
Width.	Width:	□ None	☐ Compost Toilet	☐ <b>Portable</b> (w/service contract)	► Privy (Pit) or Uaulted (min 200 gallon)	K Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	□ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height:	Height:			ct)	<b>d</b> (min 200 gallon)	ype: ST	ype:		of Ystem rty?
							□ Well	☐ City	Water

☐ Non-Shoreland

Proposed Use	٠,	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	)	х )	
		Residence (i.e. cabin, hunting shack, etc.)		× )	
Ĭ.		with Loft	)	× )	
Residential Use		with a Porch	)	× )	
		with (2 <sup>nd</sup> ) Porch	-	× )	
		with a Deck	}	x )	
		with (2 <sup>nd</sup> ) Deck	1	х )	West from the second se
Commercial Use		with Attached Garage	)	x )	
Rec'd for Issuance	أر	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	(	× )	
		Mobile Home (manufactured date)	(	× )	
		Addition/Alteration (specify) Stairs from upper level to 15	7	( × /c )	ah
□ Municipal Use	П.	Accessory Building (specify)	)	x )	
Secretarial Staff	Д.	Accessory Building Addition/Alteration (specify)	)	x )	
Rec'd for Issuance					
		Special Use: (explain)	)	( x	
		Conditional Use: (explain)	_	x )	
		Other: (explain)	(	×	
Secretarial Stair	v.Evok				

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) (we) are examined by me (us) and to the best of my (our) knowledge and belief its true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be reliefed upon by Bayfield country in determining whether to issue a permit. I (we) further accept illability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable time for the purpose of inspection. 116

	Authorized Agent:
If you are claning on hehalf of the numer(s) a letter of authorization m	

Owner(s): // (If there are Multiple C

NOODS

HUTHER 24 TAPPLICANY - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

ist accompany this application)

Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Date

2015

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Daed

	Committee or + 4bc	Inspection Record:  The Muly	Granted by Variance (B.O.A.)  Yes No  Was Parcel Legally Created  Was Proposed Building Site Delineated	Permit #: 15-05%  Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes	For The Construction Of New O The lo Issuance Information (County Use Only) Permit Denied (Date):	other previously surveyed corner or marked by a intenset surveyor at the owner sexpense.  Physic to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner.  In itensed surveyor at the owner's expense.  (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not be	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minim	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest  Description		Railing 30' AC	(1) Show Location of: (2) Show / Indicate: (3) Show   Location of (*): (4) Show: (5) Show: (6) Show: (7) Show any (*):
Hold For TBA:	ditions Attach	My Startonery h	d Yes   No	Permit Date: 7-0  (es (Daed of Récord) 0 No  (es (Fused/Contiguous Lot(s)) No  (es 0 No	For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code The local Town, Village, City, State or Federal agencies may also require permits.  **The local Town, Village, City, State or Federal agencies may also require permits.  **Sanitary Date: 4  **The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code  **The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code  **The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  **The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  **The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  **The Construction Of New One & Two Family Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  **The Construction Of New One & Two Family Dwelling Code  The local Town, Village, City, State or Federal agencies may also require permits.  **The Construction One One One One One One One One One On	so corner for marked by a incensed surveyor at the owner's sequence.  To construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required serback the boundary line from which the serback corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed at the owner's stateme.  Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT)  NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not be	Rg)  Feet  754 Feet  Rg)  Feet  Feet  Feet  Feet  Within ten (10) feet of the minimum required setback, the	75 25	600 +	te (1) – (7) above (prior to continuing)  Setbacks: (measured to the closest point)  Description  Measurement		20 Je H 30 H H 36 H	
Hold For Affidavit: Hold For Fees:	(If No they need to be attached.)	0	Were Property Lines Represented by Owner  Was Property Surveyed	° ° ° ° \	ALL Municipalities Are Required To Enforce or Federal agencies may also require perr	by use of a corrected compass from a known cortion, Septic Tank (ST), Drain field (from the Date of Issuance if Constru	et Setback to Well et Setback must be ck, the boundary line from which the setback must be	Setback fro 20% Slope Elevation o	Setback from the Setback from the Setback from the	Changes in plans in Description		75° + + + + + + + + + + + + + + + + + + +	operty (fregardless of what you are applying for)  Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
	Date-of Application		c (b.o.x.) Case #: sented by Owner	□ No Affidavit Required □ No Affidavit Attached	re permits.  Sanitary Date: 5/6/6/	ary line from which the setback must be measurer within 500 feet of the proposed site of the s  DF). Holding Tank (HT), Privy (P), a  ction or Use has not begun.	measured must be visible from one previ		Lake (ordinary high-water mark) River, Stream, Creek Bank or Bluff	nust be approved	st. Deck	er care	Tank (HT) and/or (*) Privy (P)  A, 68 Share like
	arops/ S	(Res ) tion ( ) pection:	E No	d   Yes   No	5/5/64	k must be measured must be visible from osed site of the structure, or must be ). Privy (P), and Well (W). gun.	ausly surveyed corner to the	Yes No Feet	Feet Feet	by the Planning & Zoning Dept.  Measurement			

SUIÇMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

4-4

APPLICATION FOR PERMIT

Dall Hamp (Received) 0 2015

Bayfield Co. Zoning Dept.

Refund:	@	Amount Paid:	ENTERGIE	Permit #:
	7-82-65	がノハ	727-18	IS-QUID

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO TYPE OF PERMIT REQUESTED→ | Y LAND USE □ SANITARY □ PRIVY

Owner's Name: □ Mailing Address: S \* include donated time & □ Non-Shoreland Authorized Agent: Contractor: XShoreland∮— Address of Property: of Completion Value at Time PROJECT LOCATION 000 material Section ングラファ \_1/4, Danca Addition/Alteration
Conversion
Relocate (existing bldg)
Run a Business on 2 Is Property/Land within 1000 feet of Lake, Pond or Flowage Creek or Landward side of Floodplain?

If yes-Legal Description: (Use Tax Statement) New Construction , Township Signing Application 1/4 Project 7 on behalf of Owner(s)} 分の元 N, Range X 1-Story
☐ 1-Story # of Stories and/or basement 2-Story
Basement
No Basement 1-Story + Loft 200 E APPLICANT. ٤ Agent Phone: Contractor Phone: City/State/Zip: If yes---continue tool Year Round (incl. Inte continue Seasonal  $\bigvee$ Use Town of: カナル SINGR Page ☐ CONDITIONAL USE City/State/Zip Plumber: Agent Mailing Address (include City/State/Zip): Same None Distance Structure is from Shoreline: Distance Structure is from Shoreline: bedrooms 051-00-E-61-10 0008E-N <u>q</u> Lot(s) No. Cordon Municipal/City Block(s) No. Sanitary (Exists) Specify Type: WALN 116
Privy (Pit) or Vaulted (min 200 gallon) (New) Sanitary ☐ SPECIAL USE What Type of Sewer/Sanitary System Is on the property? Saria Saria Saria 165x450 Subdivision: C/eRecorded Document: (i.e. Property Ownership)
Volume 950 Page(s) 103feet feet Specify Type: 859.4S □ B.O.A. □ OTHER | Telephone: 귀≤ ea Is Property in Floodplain Zone?

Yes

No Pain field Written Authorization Attached Plumber Phone: Cell Phone: ths-2068 tell Phone: 715-795-0102 125-なく かり Are Wetlands Present? □ Yes ∑No Xwell Water City

Secretarial Staff		E 27 25		Rec'd for Issuance	Wunicipal Use	N			☐ Commercial Use			4	Residential Use				Proposed Use
×			. 6" 77%			X											
Other: (explain) 5 toot ever hang 10 wiside en mane) (5	Conditional Use: (explain)	Special Use: (explain)	1. minut	Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify) Entry/mul room w/c/uset	Mobile Home (manufactured date)	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
5				_		<u>S</u>	_	_				_	,,	,			Din
× ZO	×	×	-	×	×	(OC x	×	×	X }	×	×	×	×	×	×	×	imensions
100	AAAs asti aataman ini kamman ini aana maa aa a	A PARTY OF THE PAR				300			televisieskykelindisykykenmysyksympistykskyksykskykskykskykskykskykskykskyks								Square Footage

Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction:

Length: Length:

Width:

Height: 136

None

Portable (w/service contract)

Compost Toilet

Property

Foundation

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property adamy reasonable time for the purpose of inspection.  $\langle \zeta \rangle$ a de la 510E/EDI

100	37
	_
	_
	=
	0
	-
	N
	-
	The second
	•
	-
	m
	vy .
	∙ п
	-
	_
	~
	••
	P .
	1.
	1.0
_	
	1.0
	1.5
< `	F. 1
~ ·	
-	
11	13.3
	2.5%
	100
0	
400	
Λ.,	1000
·	
ч :	
	1000
- T	1000
~	
G.	
_ '	
3	1.
	1000
	10.0
J.	
73.	
3	
21	100
***	
-	E
	F
-	100
-	
3,	
Th	
v.	100
m:	
J	
<-	
<	B 1.5
~~·	
=	3
₽.	
***	
	2
	1
_	
22	•
	1
~	
	1
+:	١.
₹ .	
D.	
Þ	
2	
ф Э	
er Of	
ter of	
ter of a	
ter of a	
ter of all	
er of all	
ter of auth	
ter of author	
ter of author	
ter of authori	
ter of authoriz	
ter of authoriza	
ter of authoriza	
ter of authorizat	
ter of authorization	
ter of authorizatio	
ter of authorization	
(If you are signing on behalf of the owner(s) a letter of authorization	Authorized Agent:

Address to send permit

Owner(s):

(If there

are Multiple

Owners listed on the Deed

All Owners must sign

or letter(s) of authorization

mpany this application)

Date

nust accompany this application)

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. 70, 8 TYPE OF PERMIT REQUESTED—> X LAND USE Non-Shoreland K Shoreland of Completion \* include 3975 Dr ROBERTYLBURG Existing Structure: (if pe Proposed Construction: CH RISTEN SOA
Authorized Agent: (Person Signing A Value at Time Rec'd for Issuance donated time & Owner(s) Les PROJECT LOCATION Quest design that this position (included the county rely may be a result of Bayfield County rely Same part Residential Use Commercial Use Municipal Use Proposed Use 000 SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Section of Prope Bayfield Gounty
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 28 2015 1/4 WALLE Parks. New Construction igsee Is Property/Land within 1000 feet of Lake, Pond or Flowage (What are (if permit being applied for is relevant to it) ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain?

If yes—continue —▶ Legal Description: (Use Tax Statement) | Conversion | Relocate (exi Property Run a Business Addition/Alteration , Township Project 1/4 < N 2 CONSTRUCTION Other: (explain) Residence (i.e. cabin, hunting shack, etc with Loft Conditional Use: (explain) Principal Structure (first structure on property) Special Use: (explain) Mobile Home (manufactured date) **Bunkhouse** w/ ( $\square$  sanitary, or  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) Accessory Building Addition/Alteration (specify) **Accessory Building** Addition/Alteration (specify) ying for) Y W, Range FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

y accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) y of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the fact that the county officials charged with administering county ordinances to have access to the 9 SCHULSE 3 米でき Q 100° Sortares M and/or basement with a Porch with (2<sup>nd</sup>) Porch with Attached Garage with (2<sup>nd</sup>) Deck with a Deck Foundation SLAB 1-Story # of Stories 2-Story No Basement 1-Story + Loft Basement SANITARY | PRIVY Lot(s) \_\_\_ (specify) SARNES Contractor Phone: 7,580-0367 Agent Phone: BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) PIN: (23 digits) 1824 OAKLAND ٤ Olty/State/Zip APPLICATION FOR PERMIT E Bayfield Co. Zoning Dept. Proposed Structure X Seasonal

☐ Year Round Length: Length: CARAGE Vol & Page Use Town of: 13 2015 N 2 -BARN HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plumber Agent Mailing Address (include City/State/Zip): o CONDITIONAL USE City/State/Zip: Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms AVE 05-01-1 Lot(s) No. | None | w | 2 C 앜 # 2 7533 Same None Width: X Sanitary (Exists) hegify Type SEPT/ C

□ Privy (Pit) or □ Vaulted (min 200 gallon) Width: ☐ Portable (w/service contract)
☐ Compost Toilet Municipal/City (New) Sanitary Block(s) No. v RILL 60 T SPECIAL A STATE Sewer/Sanitary System
Is on the property? Refund: Permit #: Amount Paid: 0 What Type of Volume 2/2 Subdivision: Recorded Document: (i.e. 0 Specify Type: **Dimensions** 0 Is Property in Floodplain Zone? W  $\times | \times | \times$  $\times |\times| \times |\times| \times$ ∠ ⊔ Yes 7-35 Height: Height: Cell Phone: 723-0 Attached

| Yes | Written Authorization felephone: Yes i.e. Property 3 Acreage 888 Page(s)\_ 0 Are Wetlands 29/2 Footage Present?
☐ Yes **-4** § 0 Square Š 00 Water N nership) Wel City 00

DEFOLSONICE

别

OF 7-34-15 — BOOCHER SIDE

Authorized Agent:

=

Owners listed

g

Deed All Owners

must sign or letter(s) of authorization must accompany this application)

Date

Address to send permit 397

U

C/822

Š er(s) a letter

8

めるから

53

13

CA 400

Copy of Tax Statement sed the property send your Recor

ded Deed

Attach

JENICED

7-26-18

of authorization must accompany this application)

77 1

